108000016184

(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	#)		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

I LEGGETT APR 20 2018

COVER LETTER

Name of Person	Area Code	Daytime Telephone Number	-
Adam Klauber	954	424-9666	一
For further information concerning this matter, ple	ease call:		19 PKII: 14
E-mail address: (to be used for future an	nual report notificatio	n)	9 Ti
hookshotdad@gmail.com			
City/State and Zip Code		•	, F
Plantation, Florida 33324			
Address		•	
8751 West Broward Boulevard, Suite	410		
Firm/Company		•	
Klauber Legal, P.A.			
Name of Person		•	
Adam Klauber, Esq.			
Please return all correspondence concerning this r	natter to the following	;	
The enclosed Statement of Authority and fee(s) are	re submitted for filing		
Dear Sir or Madam:			
Name of 1	Limited Liability Con	pany	_
STAN 4711, LLC SUBJECT:		4	
Division of Corporations		•	
TO: Registration Section			

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

authority	: '		da Statutes, this limi		•	lowing staten	nent of
FIRST:	The name of	of the limited liabi	lity company is: S7	'AN 4711, LI	LC	 .	
SECONI	D: The Flor	ida Document Nu	umber of the limited	liability compan	y is: L08000016	184	
		address of the lim 73 Terrace	ited liability compar	y's principal of	fice is:		
	Davie, Fl	orida 33314					
•		ng address of the l	limited liability com	pany's principal	office is:		
	Davie, Fl	orida 33314					
position of person of	of a person in the following. May ex	n a company, who	y grants or sets limit ether as a member, to nt transferring real p	ransferee, manag	ger, officer or otherw	vise or to a sp pany.	
	b.	No authority gra	anted to:			2018 APR 1)))
:	2. May en		sactions on behalf of	f, or otherwise a	act for or bind, the co	A YANE STATE	
	b.	No authority gra	inted to:				
<u>Ju</u>	L	ndi		-	even Landis, M		
Signature	of authoriz	ed representative	Filing Fee: Certified Cop	\$25.00 by: \$30,00 (opt	yped or printed nan	ne of signatur	e

CR2E138 (2/14)